HIPAA Corner… … …

HIPAA Closure Processing Flow

Closures will be submitted in HIPAA 834 format using the guidelines provided by ADHS/DBHS. The input CLOSURE file name will be HCLSRExx.darbha ("xx" represents the two-digit RBHA number used by DBHS). This file will be sent to the DBHS server, which has individual locations for FTP transfers for each RBHA and a location called RBHA_Common for files that apply to all of the RBHAs. Transactions will be accepted for translation any time up to the cut off of 6pm daily each workday.

During translation processing any error will result in the complete file being rejected. Two files will be created, one is the HCLSRExx.error file which is the original file and the other is the HCLSRExx.997 file which gives the reason for the errors. Both of these files will be returned to the DBHS server.

After translation the HCLSRExx.darbha file will be named UCLSRExx.darbha. This file is only used internally by DBHS in the normal daily processing. Output from the normal daily processing are two data files, one of accepted data and the other of unaccepted data, both of which are provided to each RBHA via the DBHS server.

The accepted data file is named DCLSDxx.dayyyymmdd.nn. In addition to this file, a report file is created for each RBHA, which is named UCLSRExx.ctyyyymmdd.nn. The unaccepted data file is named UCLSRExx.eryyyymmdd.nn.

In the event a RBHA needs to have a file of all closure data that is reflected on the DBHS system, such as for purposes of reconciliation or because of processing problems, a "resync" file containing all clients with a closed status may be requested. The resync file will be named yymmdd FTPxxR17 M.

Edit Alerts

An Edit Alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again with the following monthly publication of the Encounter Tidbits.

*** There are no edit alerts this month ***

For recent system changes information, see the 'Did You Know' section on the last page of the newsletter.

Fraud and Abuse Reporting Protocol

DBHS would like to remind all T/RBHA and provider staff's that any allegations of fraud, waste, or abuse must be referred to the Compliance Officer immediately upon discovery. DBHS will determine the next course of action for any referred cases. It is also imperative all RBHA employee's, providers, and members, know how and where to report suspicious activity.

In addition to reporting fraud at the RBHA level, anyone who wishes to report a possible incident of fraud, waste, and/or abuse may do so anonymously by calling Stacy K. Mobbs, DBHS Compliance Officer, at (602) 364-4708, *toll free* at 1 (866) 569-4927, or by e-mail at smobbs@hs.state.az.us.

If you prefer, you may write to us at:

Stacy K. Mobbs, Compliance Officer
Arizona Department of Health Services/BHS
150 N. 18th Avenue, 2nd Floor
Phoenix, Arizona 85007

AHCCCS Pended Encounter File Format Change and Reporting

On 4/20/04, December 2003 test files were placed on the NT server. Please contact Carol Perez at 602-364-4706 if you have any problems processing the new file format or balancing it back to the original December 2003 data.

Moreover, you will be receiving two new monthly reports that will help you research your pends. The reports were discussed at the RBHA/IT meeting on 5/13/04.

- AHCCCS Pended Encounter Aging Report
- AHCCCS Pended Encounter Error Report (hard edits only)

Important Reminders . . .

Intake/Enrollment Overrides

Effective March 1, 2004 the T/RBHAs are required to keep an override justification log for all intakes submitted with *no Client ID* and an *Action Code of "O"*. The log must list client ID matched, matching field and documentation/reason for determination client was not a match.

Edit Failure Research Requested by RBHAs

In order for the Office of Program Support staff to effectively research encounters failing for any CIS pre-processor errors, the following information must be provided to expedite resolution to the problem.

- Edit Number
- ICN (minimum of 5)
- Dates of Service
- Provider Id
- Date the file was sent to ADHS/DBHS for processing
- Procedure/Revenue Code

The RBHA should send the request to the appropriate Encounter Representative for research. Your assigned Technical Assistant will report to the RBHA its findings via email, fax, or telephone.

Important Definitions for Corporate Compliance

*New Patient*s are defined as a patient being seen for the first time by the physician and has not received any professional care from the physician or another in the same professional group practice.

Established Patients are defined as having been <u>seen by the same physician or another from the **same** group practice and specialty</u> within three years. If the patient was seen by another physician during an 'on call' situation or covering for another physician providing services, the patient will be considered an established patient even if the primary care physician has not seen the patient.

Duty to Report Fraud or Abuse; Immunity

According to ARS § 36-2918.01 all contractors, subcontracted providers of care and noncontracting providers shall notify the director or the director's designee immediately in a written report of any cases of suspected fraud or abuse. The director shall review the report and conduct a preliminary investigation to determine if there is sufficient basis to warrant a full investigation. If the findings of a preliminary investigation give the director reason to believe that an incident of fraud or abuse has occurred, the matter shall be referred to the attorney general.

Any person making a complaint or furnishing a report, information or records in good faith pursuant to this section is immune from any civil liability by reason of that action unless that person has been charged with or is suspected of the fraud or abuse reported.

Any contractor, subcontracted provider of care, or noncontracting provider who fails to report pursuant to this section commits an act of unprofessional conduct and is subject to disciplinary action by the appropriate professional regulatory board or department.

Billing Questions …

Q May a provider bill CPT code 90885 to review an existing client's or a new client's chart prior to a scheduled appointment for that same day?

A Since CPT code 90885 is used to indicate the *evaluation* of hospital, psychiatric, and other reports to assist in the client's diagnosis, if the client is seen on the same day for other services, billing with the appropriate Evaluation and Management code is sufficient. If the review of the client's chart occurs on a day that the provider does not see the client, the correct code would be 90885.

CPT Code and Description:
90885 Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes.

User Access Request Forms

The Office of Program Support Services must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736. For questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at smobbs@hs.state.az.us.

Internal Investigations Thrive on Open Communication

If you are leading an internal investigation, make sure your team works together to analyze and gather relevant information. As the leader, you must protect any written work product or attorney-client information, and ensure the confidentiality of the entire investigation. Also, follow these tips:

- Never share incomplete information with non-investigation team members
- Guard against rumors
- Complete the investigation quickly and efficiently

Keep an open flow of communication with your team; this will ensure that all the decisions you make are anchored by all of the available information.

Did You Know ???

Over the last several weeks, ADHS/DBHS has been working on several issues related to the efficiency of encounter reporting into CIS. The following System Service Requests (SSR) were promoted on May 3, 2004.

Multiple Accommodation Lines Reported on UBs

SSR 0147 was written to allow multiple accommodation revenue codes reported on the same encounter. The accommodation revenue codes billed must be different and can be reported on any lines of the encounter. Accommodation units must not exceed the accommodation stay as specified by the bill type, dates of service and patient status.

Void/Delete Process Enhancement

SSR 0403 will streamline the void/delete process for encounters pending at AHCCCS. If an AHCCCS pended encounter needs to be deleted, the RBHA must submit a void request to ADHS/DBHS. The CIS system will automatically create the delete to send to AHCCCS if applicable. This change will ensure both CIS and the PMMIS system are synchronized and will eliminate the additional step to follow-up the delete with a CIS void. The RBHAs must document the reason the encounter was deleted and maintain a record of the deleted ICNs.

Crisis Transportation Codes

SSR 0473 allows certain crisis transportation codes (A0120, S0215, S0215 (with TN modifier) and A0120 (with TN modifier) to be billed using the non-registered client Id.

N53 Procedure Code Modifier Combination

SSR 0491 was written to fix CIS from not accepting service code H0046 with SE modifier.

Reject Voids Encounters with Units and Dollars > Zero

SSR 0527 is an amendment to the key fields requirements to include units and dollars fields as key fields and these fields must contain zeros when reporting voids.

Reporting of Bedhold Day Revenue Codes 183 and 189

SSR 0461 allows provider types 78, B1, B2, and B3 to submit encounters for holding beds while the client receives treatment at another facility. CIS was modified to accept revenue codes 183 (Home Pass) and 189 (Bedhold) as valid revenue codes when an encounter from another provider is submitted with accommodation revenue codes 114 thru 156 in CIS for the same dates of service.

Pharmacy Encounter Submissions

SSR 0531 modifies CIS to only accept drug encounters from provider type 03 (pharmacy).

Service Codes Not Accepted into CIS

SSR 0510 allows provider type A3 (Community Service Agency) to report service code S2000. A fix was also made to CIS to accept service codes S9484 & S9485.

AHCCCS ID Changes Coming Soon

To comply with state statute ARS44-1373 and 44-1373.01, AHCCCS plans to replace all AHCCCS client IDs that are also the client's SSN with new AHCCCS ID numbers that begin with an alpha character. The replacement process will take place between October 1, 2004 and January 1, 2005.

There are currently 175,000 active and 441,000 inactive AHCCCS members who have all numeric AHCCCS IDs. The current plan is to link the new ID with the old one. AHCCCS will pay for and send out new AHCCCS ID cards when the new numbers are created and linked.

DHS is working with AHCCCS to make the transition of behavioral health segments from one ID to the other as seamless as possible and to provide the RBHAs with a list of clients involved.

Office of Program Support Staff

If you need assistance, please contact your assigned Technical Assistant at:

Michael Carter	NARBHA PGBHA	(602) 364-4710
Eunice Argusta	CPSA-3 CPSA-5 Gila River Navajo Nation Pascua Yaqui	(602) 364-4711
Javier Higuera	Excel Value Options	(602) 364-4712